

This is a repository copy of *Measuring fat mass in body equivalent materials using an RF resonant cavity*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/160673/>

Version: Accepted Version

---

**Article:**

Kotowski, Lisa, Neuhauser, Barbara, Robinson, Martin Paul orcid.org/0000-0003-1767-5541 et al. (1 more author) (2020) Measuring fat mass in body equivalent materials using an RF resonant cavity. *Medical Physics*. ISSN 2473-4209

<https://doi.org/10.1002/mp.14250>

---

**Reuse**

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.

# Measuring fat mass in body equivalent materials using an RF resonant cavity

Lisa Kotowski<sup>1</sup>, Barbara Neuhauser<sup>1</sup>, Martin Robinson<sup>2</sup>, John Shepherd<sup>3</sup>

<sup>1</sup>San Francisco State University, <sup>2</sup> University of York, <sup>3</sup> University of California, San Francisco

## **Corresponding Author:**

Lisa Kotowski, MS  
San Francisco State University  
1600 Holloway Ave, San Francisco, CA 94132  
Tel: (424) 488-3488  
e-mail: lkotowski02@gmail.com

**Running Title:** Measuring fat mass using an RF resonant cavity

**Word Count:** 2,619

# Measuring fat mass in body equivalent materials using an RF resonant cavity

Authors: Lisa Kotowski<sup>1</sup>, Barbara Neuhauser<sup>1</sup>, Martin Robinson<sup>2</sup>, John Shepherd<sup>3</sup>

<sup>1</sup>San Francisco State University, <sup>2</sup> University of York, <sup>3</sup> University of California, San Francisco

## Abstract:

**Purpose:** Provide a proof of concept for the potential of using a novel RF resonant cavity device for accurately and repeatedly measuring fat and fat free masses in phantom infants.

**Materials & Methods:** Design, construct, and characterize an RF resonant cavity with dimensions compatible to holding an infant. The cavity was characterized using spherical phantoms of 0%fat, 50% fat, and 100% fat to empirically calibrate shifts in resonant frequency. The phantoms were constructed using emulsions of bovine lard, water, and dish soap inside spherical containers which do not interact with the electric field. The calibration phantoms were compared with a phantom of a test sample to assess the ability of the resonant cavity perturbation technique for measuring body composition.

**Results:** Phantoms of distinct %fat (0%, 50%, and 100%) were used to calibrate the resonant cavity for measuring body composition. The calibration phantoms were used to create calibration lines of unique %fat and were compared to a 475mL sample of unknown %fat as a measure of how accurate the resonant cavity technique is for measuring body composition.

**Conclusion:** A 475 mL test sample was used to examine the robustness of the RCP technique. The sample was 25% fat and had a fat mass of  $(116.67 \pm 0.96)$  g. The measured fat mass from the RCP technique was  $114.30 \pm 0.98$  g, or a 2% difference. The resonant cavity perturbation technique provides an accurate and repeatable measurement of fat mass in spherical phantoms and suggests the technology might be an effective obesity research tool for infants. Future studies will focus on extending the work to more complex anthropomorphic shapes.

Key Words: radio frequency, resonant cavity, body composition, fat mass, fat free mass, pediatrics, BMI

## 1 Introduction:

2 Growth assessment of BMI (body mass index) in infants and young children has found a  
3 strong connection between high BMI at a young age and developing obesity in adolescence<sup>1,2</sup>.  
4 Growth assessment during this period is largely based on BMI with insufficient attention to relative  
5 partitioning of weight into lean mass or fat mass<sup>3-5</sup>. Infant body composition is indicative of lifelong  
6 metabolic health; thus, being able to accurately and reliably measure body composition is  
7 imperative for assessing infant health status. Reliable measurements of body composition in  
8 infancy and early life represent a technically challenging area<sup>6</sup>. The research presented in this  
9 paper shows resonant cavity perturbation (RCP) as a plausible method for accurately and

1 repeatedly measuring body composition for tracking growth throughout infancy and childhood.  
2 Current methods of measuring body composition in infancy and early childhood include dual-  
3 energy X-ray absorptiometry (DXA), air displacement plethysmography (PEA POD and BOD  
4 POD), bio-impedance analysis (BIA), and total body water (TBW) deuterium dilution. Wells et al.  
5 did a comprehensive review of measuring body composition in infants, children and adolescents,  
6 which determined that DXA was the best individual measurement for determining soft tissue  
7 composition<sup>7,8</sup>.

8 DXA is the current gold standard for infant body composition measurements; however, it  
9 utilizes ionizing radiation and cannot be measured frequently. PEA POD and BOD POD are  
10 closed units which calculate body composition using accurate measures of total body mass and  
11 total body volume using air displacement for infants-2yrs of age and 5yrs of age and older  
12 respectively. PEA POD and BOD POD do not use ionizing radiation and are not sensitive to  
13 motion artifacts. The devices are expensive, and there is a significant measurement gap between  
14 6 months old and two years when kids outgrow PEA POD but are not yet large enough for BOD  
15 POD through which the technique cannot be used to monitor changes in body composition<sup>9,10</sup>.  
16 Bioimpedance analysis (BIA) provides a technique which can be used frequently, but it provides  
17 the least accurate results<sup>11,12</sup>. TBW measurements through deuterium dilution provide  
18 reproducible and accurate results, but is cumbersome to do frequently and expensive to conduct  
19 due to the requirement to collect biological samples which must be processed in a laboratory. The  
20 current technologies used for measuring infant body composition each have their merits and  
21 drawbacks.

22 A new method for measuring infant body composition utilizing a resonant cavity perturbation  
23 (RCP) technique is proposed in this research. The RCP technique is extremely sensitive to  
24 sample shape and mass distribution; both factors were carefully controlled while assessing the  
25 feasibility of RCP for accurate measurements of %fat. This paper specifically focuses on

measuring fat mass in spherical phantoms using a radiofrequency resonant cavity to characterize the method for measuring %fat.

### Materials and Methods:

Resonant cavities are closed, conducting structures which confine electromagnetic fields. Electromagnetic waves propagate back and forth between the walls of the cavity. Some of these frequencies will destructively interfere and vanish while others will constructively interfere and reinforce each other to form standing waves with frequencies corresponding to the geometry of the system. Shifts to the resonant properties can be made by inserting objects that change the average dielectric properties of the cavity<sup>13–15</sup>. This research focuses on the modes of a rectangular resonant cavity for which  $\vec{E}$  is vertical (i.e.  $\vec{E}$  has only a z-component, see Figure 2). These modes are conventionally called the transverse electric ( $TE_{mnp}$ ) modes. These vertical  $TE_{mnp}$  modes are further defined by the indices  $m$ ,  $n$ , and  $p$  which correspond to the number of half-wavelengths which can fit in each dimension. Each  $TE_{mnp}$  mode has a resonant frequency  $f_{mnp}$ , as shown below in **Equation (1)**.

$$f_{mnp} = \frac{c}{2} \sqrt{\left(\frac{m}{w}\right)^2 + \left(\frac{n}{l}\right)^2 + \left(\frac{p}{h}\right)^2} \quad (1)$$

Where  $w$ ,  $l$  and  $h$  are the dimensions of the enclosure and  $c$  the speed of light. We will focus on the simplest vertical mode for which  $\vec{E}$  is independent of the  $z$ -coordinate. Thus, we set  $p = 0$ , which corresponds to the  $TE_{mn0}$  modes, the lowest-frequency mode being the  $TE_{110}$ .

Following the treatment by Robinson *et al* (2003), the shifts in frequency and Q-factor can be described in terms of the complex *relative* permittivity  $\epsilon^* = \epsilon' - i\epsilon''$  where  $\epsilon'$  is the

relative dielectric constant and  $\epsilon''$  is the *relative* loss factor<sup>15</sup>. Note that the *absolute* dielectric constant and loss factor are given by  $\epsilon' \epsilon_0$  and  $\epsilon'' \epsilon_0$ , respectively.

$$-\frac{\Delta f}{f_0} + \frac{1}{2}i\Delta(Q^{-1}) = 2K_{sh}(\epsilon^* - 1)\frac{V_s}{V_c} \quad (2)$$

**Equation (2)** can be broken into its real and imaginary parts, resulting in **Equation (3)** and **Equation (4)** respectively.

$$\Delta f = -2f_0K_{sh}(\epsilon' - 1)\frac{V_s}{V_c} \quad (3)$$

$$\Delta(Q^{-1}) = 4K_{sh}\epsilon''\frac{V_s}{V_c} \quad (4)$$

The changes  $\Delta f$  and  $\Delta(Q^{-1})$  are relative to the empty cavity,  $f_0$  is the resonant frequency of the empty cavity,  $V_s$  is the volume of the sample, and  $V_c$  is the volume of the cavity. The shape factor,  $K_{sh}$ , is a dimensionless quantity which possesses important information about the geometry and distribution of materials inside of a given volume [35, 39]. In clinical applications total body volume (BV) can be difficult and expensive to assess. Current standards for measuring total BV are Air Displacement Plethysmography (ADP)<sup>10,16</sup> and 3D optical scans<sup>16</sup>. Total mass is a simpler, more cost-effective measurement. Using physical densities for the two compartments the total volume can be converted into a total mass. Applying the principle of superposition to equation (3) yields the result

$$\Delta f = -2f_0K_{sh}\frac{1}{V_c}[V_{fat}(\epsilon'_{fat} - 1) + V_{lean}(\epsilon'_{lean} - 1)]$$

A simple two compartment model divides the total body mass into lean mass ( $m_{lean}$ ) and fat mass ( $m_{fat}$ ); using the physical densities ( $\rho_{fat}$  and  $\rho_{lean}$ ) of the two compartments

the volume can be readjusted as a measurement of the total mass ( $m = m_{fat} + m_{lean}$ ), resulting in (5).

$$m_{fat} = \rho_{fat} \left[ \frac{\frac{(\Delta f)V_c}{2f_0K_{sh}}\rho_{lean} + m(\epsilon'_{lean}-1)}{(\rho_{fat}(\epsilon'_{lean}-1) - \rho_{lean}(\epsilon'_{fat}-1))} \right] \quad (5)$$

An RF resonant cavity was designed and constructed to have a practical size for scanning infants. Baseline properties, resonant frequency and Q-factor of the resonant cavity were established. The cavity was characterized to measure fat mass in spherical phantoms by observing shifts in frequency due to composition.

### Designing the resonant cavity

Resonant cavities are closed, metallic structures which can contain electromagnetic fields which have eigenmodes that correspond to the physical dimensions of the cavity. Further, the RCP technique is valid for measuring TBW (i.e. fat mass) only if the following three conditions are met<sup>14</sup>:

1. Sample volume is small compared to the cavity volume, ideally less than 0.001 ratio
2. Penetration depth within the sample should be large compared to the thickness of the sample.
3. Dielectric properties correlate with body composition

An RF resonant cavity was designed with these three conditions in mind to accurately measure fat mass in babies up to 3 L in volume and using modes with frequencies which have a penetration depth which well exceeds the width of the sample.

We modeled the infant as phantoms made of only two compartments: fat mass and fat free mass. RCP utilizes the difference in water content between the fat and lean tissue dielectric properties to determine composition. The penetration depth is directly related to the dielectric properties of a given material. The dielectric property of human tissues have been investigated

over a large range of frequencies, and their permittivities are correlated to the water content in UHF and microwave frequencies<sup>13</sup>.

Given the above design criteria, a resonant cavity was designed to have dimensions 1.5 m × 1.0 m × 0.4 m, and the largest sample size has a volume of 0.035 m<sup>3</sup> having a volume ratio of 0.005. Although the largest volume ratio used in these experiments is larger than the recommended volume ratio of 0.001, it is still very small and was determined to be small enough to be consistent with the initial assumptions. These cavity dimensions were chosen to have a fundamental resonant frequency of 180.15 MHz, a frequency at which the plane wave penetration depth is about 1 m for muscle as shown in Figure 3<sup>14(fig3),17</sup>. Phantoms were constructed from plastic (radiotransparent) spherical containers and filled with pure water (0%fat), a water-fat emulsion (50%fat), or pure fat (100%fat). The largest samples were chosen to use 15.24cm diameter Alfie Pet Kerry Run-About Small Animal Exercise ball with 3.5mm thick walls and a 17.76 cm diameter Kaytee Run-About 7" Hamster Exercise Ball with 4mm thick walls. Silicone-based aquarium glue was used to seal holes in the spheres and contain the samples in the phantoms, while Michael's brand Christmas baubles were used for the smaller samples, as shown below in

### **Figure 3.**

#### **Building the resonant cavity**

A schematic of the infant RCP system is shown in Figure 1. Predicted baseline resonant properties were estimated to compare to the measured relative shifts in frequency and Q-factor when phantoms are placed inside the cavity. The VNA-UHF made by Array Solutions (Sunnyvale, Tx) produced a broad-spectrum reference signal that is most accurate ( $\pm 5\%$ ) when measuring signals between 60 MHz and 180 MHz<sup>18</sup>. The software for the VNA-UHF was downloaded for from the Array Solutions website. The cavity was designed to operate in the 1 m and 10 m wavelength range, where there is good dielectric distinction between lean and fat masses as shown in Figure .



A resonant cavity was constructed from wooden frames with copper mesh (McMaster-Carr, copper wire cloth 9224T398) pulled tightly over the interior of each frame. The mesh had a hole diameter of 0.006", seen in Figure 2, but was equivalent to a solid sheet at the wavelengths used in this study<sup>13,19,20</sup>. The seams joining the frames together were sealed using conductive adhesive copper tape (76555A726, McMaster-Carr), and a protective baseboard was placed interior to the cavity. A grid was drawn onto the baseboard to allow for consistent sample placement. An access door was installed in order to place and remove samples into the resonant cavity. Conductive gaskets (parts were readily available for the project, unknown manufacturer) were attached to the edges of the interior face and latches were attached to the sides of the access door such that it could be easily removed and replaced while maintaining an electromagnetically sealed cavity. A pair of 17-cm monopole antennae (MFJ-1811, MFJ enterprises) were mounted in the top face 50 cm from each side and 50 cm from each end. A baseline measurement of the surrounding room was obtained using the VNA and compared to the measurement of the inside of the sealed cavity; the cavity proved to be electromagnetically isolated, and baseline resonant properties of the cavity were determined. It was determined that ambient humidity, temperature, and barometric pressure did not significantly affect the baseline resonant properties.

## Results

The baseline resonant frequency of the empty cavity was measured to be  $(173.73 \pm 0.48)$  MHz and a Q-factor of  $(451.21 \pm 8.38)$ . Differences in the measured and expected baseline properties could be due to the manufacturing tolerances when constructing the cavity or the use of 17-cm monopole antennas. These antenna are long enough in comparison to the size of the cavity, and the wavelength of the resonant frequency, to shift the baseline resonant frequency<sup>13,21</sup>. The RCP technique compares the difference between the baseline resonant frequency of the empty cavity and the resonant frequency of the cavity with a dielectric sample placed inside the cavity; the magnitude of the shift correlates to the composition of the phantom. The plastic phantom

containers did not affect the observed resonant shift properties and observed shifts in the resonant frequency were due to the composition of each phantom. The 475mL size was chosen to test the RCP technique because the moderate size lends itself to accurate RCP measurements while simultaneously having a large enough distance between adjacent calibration curves.

As shown in **Equation (3)** the shape factor ( $K_{sh}$ ) greatly affects observed shifts in resonant frequencies. Shape factor is a ratio of the perpendicular cross sections and was held constant by using spherical phantoms which have the same shape factor across all directions and sizes<sup>13,15</sup>. We used spherical containers of uniform composition to simplify the interpretation of our results.

Spheres of different uniform compositions of lard and water (0%fat, 50%fat, and 100%fat) and masses were created to cover a broad range of values, where %fat is measured as the ratio of fat mass to total mass. The 50% lard sample was formed as an emulsion with 5 drops of dish soap (Ajax, lemon) added as a surfactant. A three-composition calibration curve (0%fat, 50%fat, and 100%fat) was used as a method for measuring the %fat of a 475mL phantom test sample.

Figure shows the relationship between composition and shifts in frequency for spherical samples of various sizes. Composition calibration curves were empirically created using the test phantoms for 0%fat, 50%fat, and 100%fat. Using the characteristic **Equation (5)**, the fat mass for each of the phantoms was calibrated using the RCP technique for later use to measure %fat in an test sample. Bland-Altman statistical analysis is used to show agreement between independent quantitative measures, as shown in Figure 6. The Bland-Altman analysis showed a positive bias towards larger samples, meaning the RCP technique was found to be less accurate for larger sample sizes. The absolute error for each phantom was determined to be more relevant. The absolute error increased with sample size but remained relatively small, thus the measurements are accurate.

A 475 mL phantom of 25%fat was compared to the calibration model to examine the robustness of the RCP technique. The cavity used in this research was designed to accurately measure the fat mass of a sample within 2% of known values ranging 150 mL to 1750 mL, which made the 475mL test sample ideal for testing the system. The sample had a fat mass of  $(116.67 \pm 0.96)$  g or 25%fat, using the RCP technique the measured fat mass of the phantom was  $(114.30 \pm 0.98)$  g or 23%fat. The RCP technique can accurately measure %fat in spherical phantoms, theoretically this outcome can be combined with more complex methods<sup>15</sup> indicates feasibility for measuring %fat in more complicated geometries using RCP.

## Conclusions:

The RCP technique provides a precise, reproducible measurement of fat mass in spherical phantoms. The resonant cavity has a baseline resonant frequency of  $(173.73 \pm 0.48)$  MHz and Q-factor of  $(451.21 \pm 8.38)$ , relative shifts in resonant frequency were used to measure fat mass. Further, using the RCP technique the measured fat mass of the 25%fat test sample was  $(114.30 \pm 0.98)$  g or 23%fat. Many of the variants, such as complex geometry and fat distribution, were experimentally removed from this study to gain a better insight of how the frequency shifts are affected by composition alone. The cavity shows good precision and can precisely measure the %fat of different compositions in radio-transparent containers of constant shape factor and various volumes.

Figure 6 shows the two methods used for statistical analysis: absolute error and Bland-Altman. The absolute error measured in fat mass is simple error propagation following Taylor's methods<sup>22</sup>, of the total mass of the sample and the measured frequency shifts. The test sample further was compared to the precision of weighing the fat mass on a scale during assembly to determine the robustness of RCP for %fat measurements. Figure 6a shows the absolute error in measured fat mass, this error increases with sample size; similarly Figure 6b shows the Bland-Altman

1 statistical analysis which has a positive bias towards larger samples. These analyses together  
2 imply that the technique is less accurate for larger sample sizes, which correlates to the initial  
3 assumption of using a sample with a small volume relative to the cavity ( $\frac{V_s}{V_c} \ll 0.001$ ). The bias  
4 shown in **Figure 6** is determined to be acceptable, as the difference between the estimated fat  
5 mass and actual fat mass is small and the model continues to function as expected through the  
6 phantom size range. Current methods for body composition measurements are as accurate as  
7 2% fat<sup>23</sup>; RCP is still in its infancy, which makes accuracy within 5%fat interesting and could be  
8 improved with further study.

## 9 **Discussion:**

10 An RF resonant cavity was proposed to accurately measure infant body composition, the research  
11 presented took a systemic approach to measuring fat mass using an RF resonant cavity. The  
12 RCP technique provides a precise, reproducible measurement of the baseline resonant frequency  
13 of  $(173.73 \pm 0.48)$  MHz and Q-factor of  $(451.21 \pm 8.38)$ . Further, using the RCP technique the  
14 measured fat mass of the 25%fat phantom **test sample** was  $(114.30 \pm 0.98)$  g or 23%fat. This  
15 research focused on a pre-clinical method of measuring phantom body composition and has  
16 confirmed RCP as a plausible method of determining fat mass in phantoms with simple geometry.

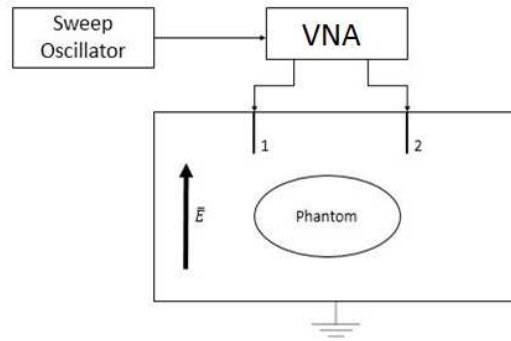
17 RCP is sensitive to the shape factor, composition, and distribution of materials in the  
18 phantom. In its current form, the RCP technique is limited in sample size, shape, and fat  
19 distribution. This research focused on spherical phantoms of uniform composition; however, to  
20 more generally extend this method the RCP technique must be extended to complex geometries  
21 and non-uniform distributions. The cavity presented in this research was characterized to  
22 accurately measure fat mass; however, the technique can be applied to any dielectric material  
23 mainly comprised of water content. It is recommended that the cavity size be increased for future  
24 research of *in vivo* infant body composition, as many infants are larger than 3 L in volume.

In conclusion, the RCP technique can measure the fat mass of a 475mL spherical phantom within 2% of the actual composition. A comparison of the estimated fat mass to the actual fat mass demonstrated the RCP method to be accurate for smaller sample sizes, and overestimates fat mass for larger sample sizes. The RCP technique is feasible for accurately measuring body composition; however, the technique is restricted to simple geometries and small samples. Many of the variants, such as complex geometry and fat distribution, were experimentally removed from this study to gain a better insight of how the frequency shifts are affected by composition alone. The cavity shows good precision and can precisely measure the %fat of different compositions in radio-transparent containers of constant shape factor and various volumes. A larger cavity and more complex geometries would need to be explored to extend RCP to clinical application.

## References:

1. Barker D. The developmental origins of chronic adult disease. *Acta Paediatr.* 2004;(446):26-33.
2. Geserick M, Vogel M, Gausche R, et al. Acceleration of BMI in Early Childhood and Risk of Sustained Obesity. *N Engl J Med.* 2018;379(14).
3. Wells JCK. A Hattori chart analysis of body mass index in infants and children. *Int J Obes.* 1999;24:325-329.
4. World Health Organization. *WHO Child Growth Standards: Length/Height-for-Age, Weight-for-Age, Weight-for-Length, Weight-for-Height, and Body Mass Index-for-Age: Methods and Development.* World Health Organization; 2006.
5. Victora C, de Onis M, Hallal P, Blossner M. Worldwide timing of growth faltering: Revisiting implications for interventions. *Pediatrics.* 2010;3(125).
6. Ellis KJ. Evaluation of body composition in neonates and infants. *Semin Fetal Neonatal Med.* 2007;12(1):87-91. doi:10.1016/j.siny.2006.10.011
7. Wells JCK, Fewtrell MS, Davies PSW, Williams JE, Coward WA, Cole TJ. Prediction of total body water in infants and children. *Arch Dis Child.* 2005;90(9):965-971. doi:10.1136/adc.2004.067538
8. Wells JCK, Hawton K, Darch T, Lunn PG. Body composition by 2H dilution in Gambian infants: comparison with UK infants and evaluation of simple prediction methods. *Br J Nutr.* 2009;102(12):1776-1782. doi:10.1017/S0007114509991255

9. Dempster P, Aitkens S. A new air displacement method for the determination of human body composition. *Med Sci Sports Exerc.* 1995;27(12):1692-1697.  
<http://europepmc.org/abstract/med/8614327>. Accessed January 23, 2019.
10. Fields DA, Demerath EW. Evaluation of air-displacement plethysmography whole body composition in children 2-5 years old using 4-compartment model as a criterion method. Joint Meeting presented at the: Pediatric Academic Societies and Asian Society for Pediatric Research; 2011; Denver, CO.
11. Ward LC, Byrne NM, Rutter K, et al. Reliability of multiple frequency bioelectrical impedance analysis: An intermachine comparison. *Am J Hum Biol.* 1997;9(1):63-72. doi:10.1002/(SICI)1520-6300(1997)9:1<63::AID-AJHB9>3.0.CO;2-R
12. Sato S, Demura S, Kitabayashi T, Noguchi T. Segmental Body Composition Assessment for Obese Japanese Adults by Single-Frequency Bioelectrical Impedance Analysis with 8-point Contact Electrodes. *J Physiol Anthropol.* 2007;26(5):533-540. doi:10.2114/jpa2.26.533
13. Sucher M, Fox J. *Handbook of Microwave Measurements*. Vol 2. Third. Ephrata, Pennsylvania: Polytechnic Press of the Polytechnic Institute of Brooklyn
14. Robinson MP, Clegg J, Stone DA. A novel method of studying total body water content using a resonant cavity: experiments and numerical simulation. *Phys Med Biol.* 2002;48(1):113–125. doi:10.1088/0031-9155/48/1/308
15. Kraszewski AW, Nelson SO. Contactless mass determination of arbitrarily shaped dielectric objects [using resonant cavities]. *Meas Sci Technol.* 1995;6(11):1598–1604. doi:10.1088/0957-0233/6/11/007
16. Ng BK, Hinton BJ, Fan B, Kanaya AM, Shepherd JA. Clinical anthropometrics and body composition from 3D whole-body surface scans. *Eur J Clin Nutr.* 2016;70:1265.  
<https://doi.org/10.1038/ejcn.2016.109>.
17. Gabriel S, Lau RW, Gabriel C. The dielectric properties of biological tissues: III. Parametric models for the dielectric spectrum of tissues. *Phys Med Biol.* 1996;41(11):2271–2293. doi:10.1088/0031-9155/41/11/003
18. Array Solutions. Vector Network Analyzer UHF. 2014.
19. Bradley RF. *A Low Cost Screened Enclosure for Effective Control of Undesired Radio Frequency Emissions*.; 2006:23.
20. Panofsky W, Phillips M. *Classical Electricity and Magnetism*. 2nd edition. Dover Publications; 2005.
21. Schwartz M. *Principles of Electrodynamics*. Dover Publications; 1987.
22. Taylor. *An Introduction to Error Analysis*. 2nd Edition.; 1996.
23. International Atomic Energy Association. *Body Composition ASsessment from Birth to Two Years of Age*. IAEA; 2009.



*Figure 1: Method for measuring shifts in resonant properties utilizing a resonant cavity with a VNA and two quarter-wavelength ground plane antennae.*



42

43 *Figure 2: Interior view of the resonant cavity through access door. The base board was marked with a measured grid to allow for*  
44 *better sample placement. Monopole antennae can be seen protruding from the top face of the cavity.*

45



46

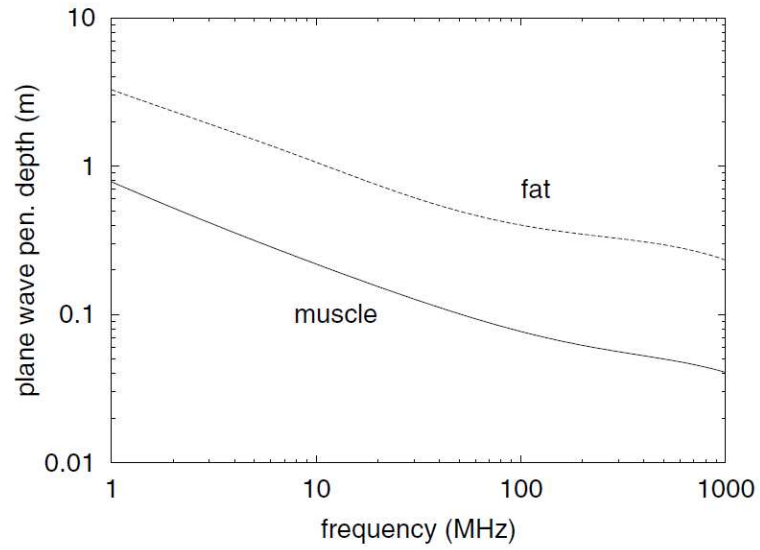


47

48 *Figure 3: A photograph of the different phantom containers filled with 100%lard. From left to right the containers are a 150mL*  
49 *Christmas bauble, 275mL Christmas bauble, 500mL snow globe, 1000mL snow globe, 1600mL hamster ball, and a 1800mL*  
50 *hamster ball.*

51

52



53

54 Figure 4: Logarithmic variation of the plane-wave penetration depth with frequency for fat and muscle  
55 [35]. There are distinct penetration depths for muscle mass and fat mass, which allows for a unique  
56 distinction between the two dielectric materials

57

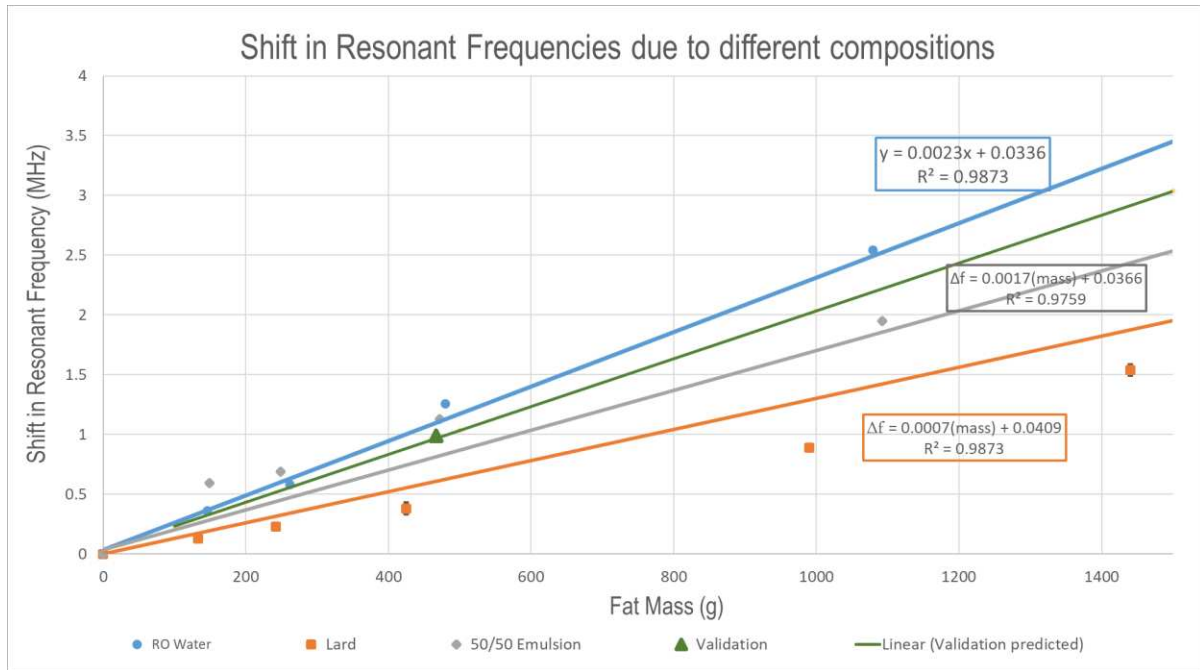
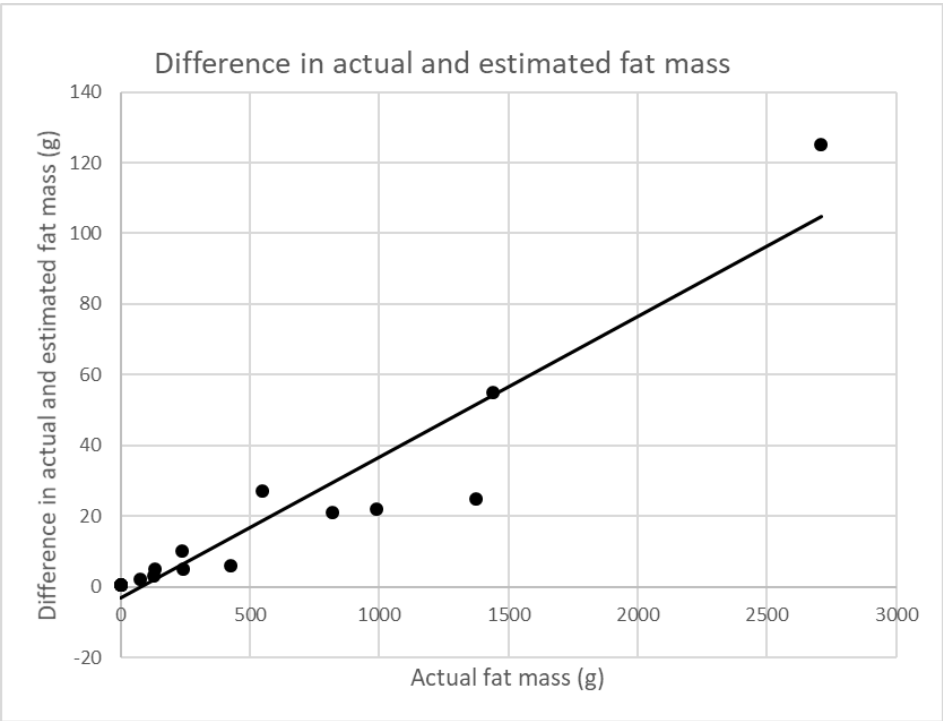


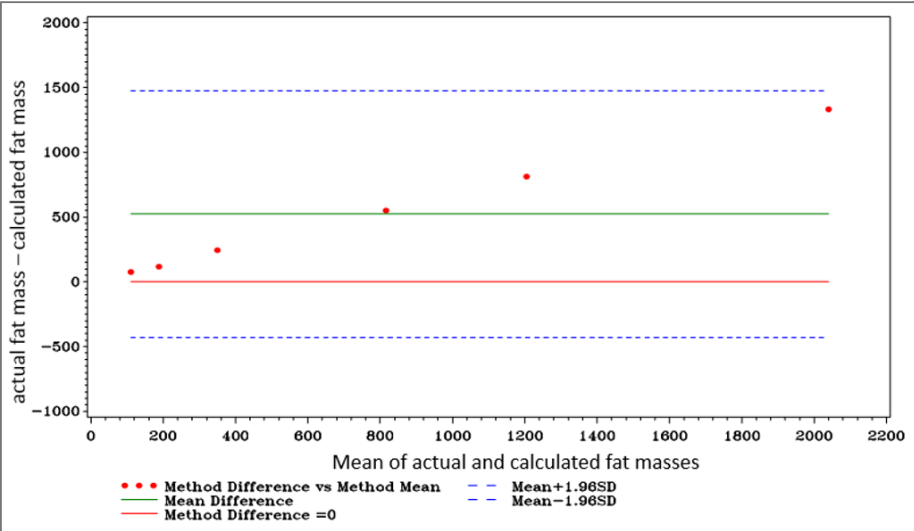
Figure 5: Shifts in resonant frequency due to distinct compositions (0%fat, 50%fat, and 100%fat) to calibrate the cavity. A 475mL test sample of 25%fat was used to see how well the RCP method is able to determine body composition.

63



64 a)

**Bland-Altman Graph of calculated fat mass**



65 b)

66 Figure 6: **a)** Difference of absolute error in estimated fat mass as sample size increases. **b)** Bland-Altman  
67 analysis of sample sizes. There is a positive bias in the measurement of larger sample sizes. All  
68 estimated fat masses are within 5% of the actual fat mass. The error bars in both graphs are smaller than  
69 the resolution of the dot sizes, the trend cannot be observed simultaneously with the error bars.

70